New Jersey Public Employment Relations Commission

NON-POLICE AND FIRE COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line

	SECTION I: Parties a	and Term of Contr	acts							
1	Public Employer:	ntville Township Board of	f Education	County: Morris						
2	Employee Organizatio	n: Montralle Tup. Educ	ation Association	Number of Employees in Unit:						
3	Base Year Contract Te	rm: July 1, 2015	June 30,2018	New Contract Term:	July 1, 2018 -	June 30, 2021				
	SECTION II: Type of	Contract Settlem	ent (please check	only one)						
4	Contract settled without neutral assistance									
5	Contract settled with assistance of mediator									
6	Contract settled with assistance of fact-finder									
7	Contract settled with assistance of super-conciliator									
8	•									
•	If contract was settled in fact-finding, did the fact-finder issue a report with recommendations?									
	Yes No No									
	SECTION III: Salary Base The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which									
	the parties negotiate t		e ilital year of the e	xpired of expiring agre	ement. This is	.ne base cost from which				
9	Salary Costs in Base Year \$ 32,772, 095.									
10	Longevity Costs in Base	e Year	\$ 127,700.00							
11	Total Salary Base		\$ 32,899,795."							
	SECTION IV: Salary	Increases for Each	Year of New Agr	eement*						
		Year 1	Year 2	Year 3	Year 4	Year 5				
12	Effective Date (month/day/year)	July 1, 2018	July 1, 2019	July 1, 2020						
13	Cost of Salary Increments (\$)	983,365.*	1,012,866.00	1,043,252.00						
14	Salary Increase Above Increments (\$)	100, 000.	150,006.00	150,000."						
15	Longevity Increase (\$)	0	0							
16	Total \$ Increase (sum of lines 13-15)	1,083,365.*	1,162,866.	1,193,252.						
17	New Salary Base (\$)	33,983,160.	35,146,626	36,339,279.						
18	Percentage increase over prior year	3.0 %	3.0 %	3.0 %		_%%				

*If contract duration is longer than five years, please add an additional page.

	Cost (\$)	Increase (\$)	Increase (\$)	Increase (\$)	Increase (\$)	Increase (\$)
Improvement	100,000 00	150,000."	150,000."	1		1
	106, 000."	150,006.	150,006,"			
ct duration is	longer than fiv	e years, please ac	dd an additional p	age.		
		106,000.5	100,000.	106, 000.° ISO,006.° ISO,006.°		100, 000." 150,000."

Base Year Year 1 21 Health Plan Cost 22 \$ **Prescription Plan Cost** 23 Dental Plan Cost 24 Vision Plan Cost 25 **Total Cost of Insurance** 26 **Employee Insurance Contributions** 27 Employee Contributions as % of Total Insurance Cost

Page 2 of 3 (complete all pages)

Section VI: Medical Costs (continued)

Identify any insurance changes that were included in this CNA. Employees will be changed from Direct 10 to Direct 15 coverage. New employees will be enrolled in the 15/25 plan. Maximum waiver for health benefits coverage will be \$4,000.00 (reduced from \$5,000.00)

SECTION VII: Certification and Signature

29 The undersigned certifies that the foregoing figures are true:

Print Name:	René Rovtar
Position/Title:	Superintendent
Signature:	Pani Gottar
Date:	

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: contracts@perc.state.nj.us

NJ Public Employment Relations Commission Conciliation and Arbitration PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898 Revised 8/2016